

**Thoroughly but  
succinctly describe  
and justify the boxes  
checked – use  
additional sheet if  
necessary**

Report of Critical/Urgent Circumstances – Page two					
<b>III. PERTINENT HISTORY</b>					
Check all that apply and provide thorough but succinct explanation of those historical issues which contribute to current critical/urgent circumstance. Use additional sheets if necessary. Attach relevant professional assessments, reports, plans and data related to current critical/urgent circumstance.	<div style="padding-left: 20px;"><input type="checkbox"/> Family support (emotional, financial resources, extended family)</div> <div style="padding-left: 20px;"><input type="checkbox"/> Delinquent</div> <div style="padding-left: 20px;"><input type="checkbox"/> Criminal activities</div> <div style="padding-left: 20px;"><input type="checkbox"/> Medical status (include current medications)</div> <div style="padding-left: 20px;"><input type="checkbox"/> Psychiatric history</div> <div style="padding-left: 20px;"><input type="checkbox"/> Behavioral issues</div> <div style="padding-left: 20px;"><input type="checkbox"/> Substance abuse</div> <div style="padding-left: 20px;"><input type="checkbox"/> Abuse/neglect</div>				
	Explanation: <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div> <div style="border-bottom: 1px solid black;"></div>				

| **IV. Services** | | | | | |
| Check all boxes that apply. | |                                  | Previously<br>Received   | Currently<br>Receiving   | Waiting To<br>Receive    | |----------------------------------|--------------------------|--------------------------|--------------------------| | <b>DSN services</b>              |                          |                          |                          | | HCB Waiver Recipient             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Work/Day Services                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Behavioral Services              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Personal Care/Homemaker Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Respite Services                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Other Services (_____)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <b>Other agency services</b>     |                          |                          |                          | | DMH                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Public School                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | DSS                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | DJJ                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Other Agency (_____)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

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Report of Critical/Urgent Circumstances – Page two

**III. PERTINENT HISTORY**

☐ Family support (emotional, financial resources, extended family)  
☐ Delinquent  
☐ Criminal activities  
☐ Medical status (include current medications)  
☐ Psychiatric history  
☐ Behavioral issues  
☐ Substance abuse  
☐ Abuse/neglect

Explanation: \_\_\_\_\_  
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**IV. Services**

	Previously Received	Currently Receiving	Waiting To Receive
<b>DSN services</b>			
HCB Waiver Recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work/Day Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care/Homemaker Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other agency services</b>			
DMH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DJJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Agency (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Thoroughly but succinctly describe why current services are not adequate to meet needs. Use additional sheets if necessary.**

**Explanation:** \_\_\_\_\_

## V. HOME VISIT SUMMARY

**Summarize results of home visit (home visit must be completed within 30 days of submission of Report). Identify all home occupants, relationships to the consumer, and whether they were present during visit. Relate caregiver concerns. Provide specific examples of incidents that depict situation noted above. Describe physical environment and family dynamics. Use additional sheets if necessary.**

**Explanation:** \_\_\_\_\_

I hereby certify that the above information reflects an accurate and complete summary of the situation. I also certify that all efforts at the local level to resolve the situation without resorting to out of home placement have been explored and implemented.

Service Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Service Coordinator Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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